CALIFORNIA FORM FAIR POLITICAL PRACTICES COMMISSION A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS RECEIVED FAIR POLITICAL COVER PAGE ACTICES COMMISSION

Date Received

AME OF FILER (LAST)	(FIRST)	(MIDDLE) AIMEI
Bonta	Rob	Andres
. Office, Agency, or Court		
Agency Name		
Alameda City Council		
Division, Board, Department, District, if applicable	Your Position	
	Vice Mayor	
▶ If filing for multiple positions, list below or on an attachment	.t.	
Agency:	Position:	
Jurisdiction of Office (Check at least one box)		
☐ State	☐ Judge (Statewide	Jurisdiction)
Multi-County		,
⊠ City of Alameda		
	Duici	
Type of Statement (Check at least one box)	_	
Annual: The period covered is January 1, 2010, through 2010.	December 31, Leaving Office: (Check one)	Date Left/
0[overed is January 1, 2010, through the date of
The period covered is/, through 2010.	December 31, leaving office.	
Assuming Office: Date 12 , 21 , 10	O The period co	overed is/, through the date
Assuming Office. Date	of leaving office	
Candidate: Election Year Office	e sought, if different than Part 1:	
Schedule Summary		
Check applicable schedules or "None."	► Total number of pages inc	cluding this cover page:4
Schedule A-1 - Investments schedule attached Schedule A-2 - Investments schedule attached		Loans, & Business Positions – schedule attache - Gifts – schedule attached
Schedule B - Real Property - schedule attached	=	- Gifts - Schedule attached - Gifts - Travel Payments - schedule attached
	-Or-	· One - Haver I dymonie - concours authorize
	portable interests on any schedule	
Verification		
Verification		
i ceruity under penanty or perjury under the laws of the Sta	ne or Camornia that	
Date Signed 01/19/11	Signatur	

SCHEDULE B Interests in Real Property (Including Rental Income)

CALIFORNIA FORM FAIR POLITICAL PRACTICES COMMISSION Name Rob Bonta

► ST	REET ADDRESS OR PRECISE LOCATION	► STREET ADDRESS OR PRECISE LOCATION
11	130B College Avenue	
CIT	ry	CITY
Al	lameda	
	IR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000	FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000
NΔ	TURE OF INTEREST	NATURE OF INTEREST
	Ownership/Deed of Trust Easement	Ownership/Deed of Trust Easement
E.39		
Ш	Leasehold Other	Leasehold Other
(F	RENTAL PROPERTY, GROSS INCOME RECEIVED	IF RENTAL PROPERTY, GROSS INCOME RECEIVED
	\$0 - \$499	S0 - \$499 S500 - \$1,000 S1,001 - \$10,000
X	\$10,001 - \$100,000	S10,001 - \$100,000 OVER \$100,000
inte	URCES OF RENTAL INCOME: If you own a 10% or greater erest, list the name of each tenant that is a single source of come of \$10,000 or more.	SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.
C ₁	ynthia Bonta	
_		· · · · · · · · · · · · · · · · · · ·
	-	
of		lending institutions made in the lender's regular course lic without regard to your official status. Personal loans business must be disclosed as follows:
NAI	ME OF LENDER*	NAME OF LENDER*
ADI	DRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
BU	SINESS ACTIVITY, IF ANY, OF LENDER	BUSINESS ACTIVITY, IF ANY, OF LENDER
INT	EREST RATE TERM (Months/Years)	INTEREST RATE TERM (Months/Years)
	%	%
		hand .
HIG	HEST BALANCE DURING REPORTING PERIOD	HIGHEST BALANCE DURING REPORTING PERIOD
	\$500 - \$1,000 \$1,001 - \$10,000	\$500 - \$1,000 \$1,001 - \$10,000
	4 4.1	
	\$10,001 - \$100,000 OVER \$100,000	S10,001 - \$100,000 OVER \$100,000
_	\$10,001 - \$100,000	
_	<u></u>	Guarantor, if applicable
_	\$10,001 - \$100,000	
	\$10,001 - \$100,000	

SCHEDULE C Income, Loans, & Business **Positions**(Other than Gifts and Travel Payments)

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION		
Name		
Rob Bonta		

1. INCOME RECEIVED	➤ 1. INCOME RECEIVED
NAME OF SOURCE OF INCOME	NAME OF SOURCE OF INCOME
Mialisa Bonta	Rental Income
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
1130A College Avenue	6012 Creekerton Blvd., McDonough, GA 30252
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
Consulting	† <u></u> -
YOUR BUSINESS POSITION	YOUR BUSINESS POSITION
Educational Consultant, Oyen Consulting	
GROSS INCOME RECEIVED	GROSS INCOME RECEIVED
\$500 - \$1,000 \$1,001 - \$10,000	
▼ \$10,001 - \$100,000	\$10,001 - \$100,000 OVER \$100,000
CONSIDERATION FOR WHICH INCOME WAS RECEIVED	CONSIDERATION FOR WHICH INCOME WAS RECEIVED
Salary Spouse's or registered domestic partner's income	Salary Spouse's or registered domestic partner's income
Loan repayment Partnership	Loan repayment Partnership
Sale of	Sale of
(Property, car, boat, etc.)	(Property, car, boat, etc.)
Commission or Rental Income, list each source of \$10,000 or more	Commission or Rental Income, list each source of \$10,000 or more
Other(Describe)	Other (Describe)
▶ 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PER	HOD
of a retail installment or credit card transaction, made	your official status. Personal loans and loans received
NAME OF LENDER*	INTEREST RATE TERM (Months/Years)
	% None
ADDRESS (Business Address Acceptable)	
	SECURITY FOR LOAN
BUSINESS ACTIVITY, IF ANY, OF LENDER	None Personal residence
	Real Property
HIGHEST BALANCE DURING REPORTING PERIOD	Street address
\$500 - \$1,000	City
\$1,001 - \$10,000	
\$10,001 - \$100,000	Guarantor
OVER \$100,000	Other
	(Describe)
	•
Comments:	

SCHEDULE D Income - Gifts



City of Alameda Health Care District ADDRESS (Business Address Acceptable) 2070 Clinton Avenue, Alameda, CA 94501 BUSINESS ACTIVITY, IF ANY, OF SOURCE Health Care Services DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S) 12 / 13 / 10 \$ 100 Restaurant Gift Certif. 12 / 13 / 10 \$ 50 Flowers	City of Alameda Health Care District ADDRESS (Business Address Acceptable) 2070 Clinton Avenue, Alameda, CA 94501 BUSINESS ACTIVITY, IF ANY, OF SOURCE Health Care Services DATE (mm/ddlyy) VALUE DESCRIPTION OF GIFT(S) 12 _ 13 _ 10		
ADDRESS (Business Address Acceptable) 2070 Clinton Avolus Aloreus Aloreus Acceptable) 2070 Clinton Avolus Aloreus Acceptable) 2070 Clinton Avolus Aloreus Acceptable) BUSINESS ACTIVITY, IF ANY, OF SOURCE Health Care Services DATE (minidalyy) VALUE DESCRIPTION OF GIFT(S) 12 _ 13 _ 10	ADDRESS (Business Address Acceptable) 2070 Clinton Avanue, Alameda, CA 94501 BUSINESS ACTIVITY, IF ANY, OF SOURCE Health Care Services DATE (mmiddlyy) VALUE DESCRIPTION OF GIFT(S) 12 _ 13 _ 10 _ \$ _ 100 Restaurant Gift Certif. 12 _ 13 _ 10 _ \$ _ 50 Flowers	► NAME OF SOURCE	► NAME OF SOURCE
2070 Clinton Avenue, Alameda, CA 94501 BUSINESS ACTIVITY, IF ANY, OF SOURCE Health Care Services DATE (minddly) VALUE DESCRIPTION OF GIFT(S) 12 / 13 / 10	2070 Clinton Avenue, Alameda, CA 94501 BUSINESS ACTIVITY, IF ANY, OF SOURCE Health Care Services DATE (minidaly) Value DESCRIPTION OF GIFT(S) 12 _ 13 _ 10	City of Alameda Health Care District	
BUSINESS ACTIVITY, IF ANY, OF SOURCE Health Care Services DATE (mm/ddyy) VALUE DESCRIPTION OF GIFT(S) 12 / 13 / 10 \$ 100 Restaurant Gift Certif. 12 / 13 / 10 \$ 50 Flowers NAME OF SOURCE ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF SOURCE DATE (mm/ddyy) VALUE DESCRIPTION OF GIFT(S) NAME OF SOURCE ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF SOURCE DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S) NAME OF SOURCE ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF SOURCE DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S) BUSINESS ACTIVITY, IF ANY, OF SOURCE DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S) S SUSINESS ACTIVITY, IF ANY, OF SOURCE DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S) BUSINESS ACTIVITY, IF ANY, OF SOURCE DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S) S SUSINESS ACTIVITY, IF ANY, OF SOURCE DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S) S SUSINESS ACTIVITY, IF ANY, OF SOURCE DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S) S SUSINESS ACTIVITY, IF ANY, OF SOURCE DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S) S SUSINESS ACTIVITY, IF ANY, OF SOURCE DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S) S SUSINESS ACTIVITY, IF ANY, OF SOURCE DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	BUSINESS ACTIVITY, IF ANY, OF SOURCE Health Care Services DATE (mm/ddyy) VALUE DESCRIPTION OF GIFT(S) 12 _ 13 _ 10	ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
Health Care Services DATE (mm/dd/yr) VALUE DESCRIPTION OF GIFT(S) 12 / 13 / 10 \$ 100 Restaurant Gift Certif. 12 / 13 / 10 \$ 50 Flowers	Health Care Services DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S) 12 _ 13 _ 10	2070 Clinton Avenue, Alameda, CA 94501	
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S) 12 / 13 / 10 \$ 100 Restaurant Gift Certif. 12 / 13 / 10 \$ 50 Flowers // \$ NAME OF SOURCE ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF SOURCE DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S) MAME OF SOURCE ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF SOURCE DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S) MAME OF SOURCE ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF SOURCE DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S) BUSINESS ACTIVITY, IF ANY, OF SOURCE DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S) DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S) BUSINESS ACTIVITY, IF ANY, OF SOURCE DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S) DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S) J / S	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S) 12 , 13 , 10	BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
12	12	Health Care Services	
12 , 13 , 10	12	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)
NAME OF SOURCE ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF SOURCE DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	NAME OF SOURCE ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF SOURCE DATE (mm/ddlyy) VALUE DESCRIPTION OF GIFT(S)	12 , 13 , 10 s Restaurant Gift Certif.	\$
NAME OF SOURCE ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF SOURCE DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	NAME OF SOURCE ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF SOURCE DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	12 , 13 , 10 _{\$} 50 Flowers	\$
ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF SOURCE DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF SOURCE DATE (mm/ddlyy) VALUE DESCRIPTION OF GIFT(S)		
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		BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
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ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF SOURCE DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S) J. J. \$	ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF SOURCE DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S) J		
BUSINESS ACTIVITY, IF ANY, OF SOURCE BUSINESS ACTIVITY, IF ANY, OF SOURCE DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	BUSINESS ACTIVITY, IF ANY, OF SOURCE BUSINESS ACTIVITY, IF ANY, OF SOURCE DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	NAME OF SOURCE	► NAME OF SOURCE
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
		BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
\$	\$	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)
			1 1
		\$	
Comments:	Comments:	•	
		Comments:	